IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A



Fax: (515)281-3701

www.lowa.gov/ethics

lowa Com section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filled within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf

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DETARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRA
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RTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, (OR GRANT:	
State Training School		
Name of Department or Office	dom 14 50407	
Address City, State, Zip Code		
641-838-5402 Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	C.	
	r lane	
Millie Dagit		
3211 Edgington Ave. Vailing Address (if different from above)	Eidom, IA, 50627 City, State, Zip (if different from above)	
mqfili@qpz-eastip'nd Mgmid Agglese (u guisteur hour adoae)	City, State, 21p (ii dilletent from \$0004)	
Ernail Address	Area Code & Telephone Number (if different from above)	
ONOR OF GIFT, BEQUEST, OR GRANT:		
Rick Fitzwater Salvation Army		
1110 Truman Rd Kansas City, Mo 64106		
Mailing Address City, State, Zip Code	12/15/2008 \$ 800.00	
only, oute, 2p oote	Date of Gift, Bequest, or Grant Amount/Value*	
Area Code & Telephone Number		
	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Ernail Address (optional)	Total ing department of the control in the control	
Provide a description of the gift, bequest, or grant and purpose thereof:		
101 boxes of x-mas cards for student use		
Criteria to use this form:		
	efelt a state and a state of the state	
Recaipt of any gift, bequest, or grant that is received by any department	or the state or received by the Governor on behalf of the state.	
atement of Affirmation:		
Millic Dagit affirm that the gift, bequest, or grant reporte	d above is accurate. I further affirm that the information concerning the	
nor and assessment of the fair market value (if applicable) is correct and	true to the best of my knowledge.	
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	12/19/2008	
magel		
Signature of	Date	

WA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319



Some section 8.7 requires all gifts, bequests, and grants given to any department of the state blows or received by the Government Oversight Committee. The Board will prove a copy of this report to the Government Oversight Committee. The Board will prove a copy of this report to the Government Oversight Committee. This form is required to be filled within 20 days of receipt of the gift, bequest, or grant.

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Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf of the state

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State Training School		
Name of Department or Office 3211 Edgington Ave.	711 14 0000	
Mailing Address	Eldors, IA, 50627 City, State, Zip Code	
641-838-5402 Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR O	FFICE:	
Millie Dagit		
Name 321 Edgingon Ave.		
Vialling Address (If different from above)	City, State, Zip (if different from above)	
mdagit@dhs.state.ja.us		
Email Address	Area Code & Telephone Number (if different from above)	
DNOR OF GIFT, BEQUEST, OR GRANT:		
Cindy Trullinger		
Name	_	
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failing Address City, State, Zip Code		
	Date of Gift, Bequest, or Grant Amount/Value*	
vea Code & Telephone Number	"value is defined as "fair market value" of item as determined t	
mail Address (optional)	receiving department or office. If no value mark "0.00".	
Provide a description of the gift, bequest, or grant and purpose there	eof.	
Donation to Culinary arts program		
Criteria to use this form:		
Receipt of any gift, bequest, or grant that is received by any departm	nent of the state or received by the Governor on behalf of the state.	
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319



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DES MOINES, IA 50319

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DEFETMENT OR OFFICE RECEIVING THE GIFT, BEQUE	ST, OR GRANT:	
State Training School		
Name of Department or Office		
Mailing Address	Eldora, IA, 30627 City, State, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR O	FFICE:	
Millie Dagit		
Name 3211 Edgington Ave.	Eldom, IA, 50627	
Mailing Address (if different from above) mdagit@dha.statc.ia.us	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	
DONOR OF GIFT, BEQUEST, OR GRANT:		
Aux American Legion-Dows		
Name		
Dows, Iowa		
Mailing Address City, State, Zip Code		
Area Code & Paleshare Number	Date of Gift, Bequest, or Grant Amount/Value*	
Area Code & Telephone Number	"value is defined as "fair market value" of item as determined by	
Email Address (optional)	receiving department or office. If no value mark "0.00".	
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Provide a description of the gift, bequest, or grant and purpose there	907	
Donation to student Christmas fund		
Criteria to use this form:		
Receipt of any gift, bequest, or grant that is received by any departm	nent of the state or received by the Governor on behalf of the state.	
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affirm that the gift, bequest, or grant rep mor and assessment of the fair market value (if applicable) is correct a	corted above is accurate. I further affirm that the information concerning the	
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~ ~ · V	10/10/2020	
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Signature	Date	

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD



DES MOINES, IA 50319

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Clowa Consection 8.7 requires all gifts, bequests, and grants given to any department of the state of fews or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide copy of this report to the Government Oversight Committee. This form is required to be affect within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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State Training School			
Name of Department or Office 3211 Edgington Ave.			
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641-858-5402 vez Code & Telephone No.	Ordy, State, 2th Code		
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Millie Dagit	TOVE		
lame			
2211 Edgingson Avc. [alling Address (if different from above)	Eldors, IA, 50627		
ndagit@dhe.state.ja.us	City, State, Zip (if different from above)		
mail Address	Area Code & Telephone Number (if different from above)		
NOR OF GIFT, BEQUEST, OR GRANT:			
Aux American Legion-Fairbank			
ame	-		
Fairbank, Iowa			
miling Address City, State, Zip Code	12/15/2008 \$ 50.00		
	Date of Gift, Bequest, or Grant Amount/Value*		
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Donation to student Christmas fund			
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affirm that the gift, bequest, or grant report and assessment of the fair market value (if applicable) is correct ar	orted above is accurate. I further affirm that the information concerning the		
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✓ ▲			
MAR RILL	12/19/2008		

Revised 05/05	
IOWA ETHICS AND CAMPAIGN DISCLO 510 EAST 12 TM , SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics Howa Code section 8.7 requires all gifts, bequests, and grants given state provided by the Governor on behalf of the state be rand campaign Disclosure Board and the Government Oversight Committee filed within 20 days of receipt of the gift, bequest, or grant. DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OFFICE RECEIVING THE GIFT, B	Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state to any department of the reported to the lowa Ethics remittee. The Board will be. This form is required to be
State Training School	
Name of Department or Office	
Mailing Address Ch	on, 1A, 50627 y, State, Zip Code
641-488-5402 Area Code & Telephone No.	1) comes the code
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	
Millie Dagit	
Name 3211 Edgington Ava.	
Mailing Address (if different from above)	Eldon, IA, 30627 City, State, Zip (if different from above)
mdagit@dhe,praes,ia.ess	TO THE STATE OF TH
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT: Ladics Aux American Legion 304 Name Eagle Grove, Iowa 505033 Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional)	12/4/2008 \$ 75.00 Date of Gift, Bequest, or Grant Amount/Value* "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0,00",
Provide a description of the gift, bequest, or grant and purpose thereof;	
Donation to student Christmas fund	
Criteria to use this form: Receipt of any gift, bequest, or grant that is received by any department of	the state or received by the Governor on behalf of the state.
Statement of Affirmation: Millic Dagit affirm that the gift, bequest, or grant reported a donor and assessment of the fair market value (if applicable) is correct and true	above is accurate. I further affirm that the information concerning the e to the best of my knowledge.

12/19/2008

Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD



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510 EAST 12TH, SUITE 1A

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provided copy of this report to the Government Oversight Committee iled and 20 days of receipt of the gift, bequest, or grant.	e. This form is required to be	Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, (OR GRANT:	
State Training School		
Name of Department or Office 321] Edgington Ave.	dora, 1A, 50627	
N. S.	ly, State, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	Ę;	
Millic Dagit		
Name 3211 Edgington Avc.	Eldom, 1A, 50627	
Mailing Address (if different from above)	City, State, Zip (if different from	m above)
mdagit@dhe.state.is.us Email Address	Area Code & Telephone Num	has (if different from should)
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ONOR OF GIFT, BEQUEST, OR GRANT:		
Ladies Aux American Legion 304		
Name		
Lone Rock, Iowa 50559 Mailing Address City, State, Zip Code	10/4/0000	4.07.00
Mailing Address City, State, Zip Code	12/4/2008	\$ 25.00
Area Code & Telephone Number	Date of Gift, Bequest, or Gran	t Amount/Value*
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Email Address (optional)		, if the validate dide;
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